

# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-004589

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 107

FILED JAN 25 1963

## 1. PLACE OF DEATH:

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kirkwood

Length of stay in 1b  
3 hrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Joseph's Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Crawford

c. CITY OR TOWN Cuba Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
Ira Melvin Mitchell

4. DATE OF DEATH Month Day Year  
January 10, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/19/1894

## 9. AGE (last birthday)

68

IF UNDER 1 YEAR IF UNDER 24 HR.  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired

10b. KIND OF BUSINESS OR INDUSTRY  
Liggett & Myers Co.

11. BIRTHPLACE (City and state or country)  
Lennox, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.

## 13a. FATHER'S NAME

William Mitchell

## 13b. MOTHER'S MAIDEN NAME

Asbern Mitchell

## 14. NAME OF HUSBAND OR WIFE

Eva M. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Eva M. Mitchell, Cuba, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Respiratory insufficiency

### INTERVAL BETWEEN ONSET AND DEATH

3-4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

Aspiration pneumonia, emphysema

3-4 days

### DUE TO (c)

Chronic suppurative otitis media

yes

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1/10/63 to 1/10/63 and last saw her alive on 1/10/63  
Death occurred at 10:55 pm on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

James C. Vest M.D.

## 22b. ADDRESS

634 N. Grand

## 22c. DATE SIGNED

1/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

1-11-63

## 23c. NAME OF CEMETERY OR CREMATORY

SS Peter & Paul Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Hoener Funeral Home, Cuba, Mo.

## 25. DATE RECD. BY LOCAL REG.

1-12-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Stanley H. Dixon*

Licensed Embalmer No.

*4198*

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.